



General Assembly

January Session, 2001

Raised Bill No. 1352

LCO No. 4496

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

***AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR
HEALTH PROMOTION PROGRAMS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (a) Each individual health insurance policy
2 providing coverage of the type specified in subdivisions (1), (2), (4),
3 (11) and (12) of section 38a-469 of the general statutes delivered, issued
4 for delivery, amended, renewed or continued in this state on or after
5 October 1, 2001, shall provide coverage:

6 (1) For all persons twenty years of age and older, an annual test to
7 determine (A) blood hemoglobin, (B) blood pressure, (C) blood glucose
8 level, and (D) blood cholesterol level, or low-density lipoprotein level
9 and blood high-density lipoprotein level;

10 (2) For all persons thirty-five years of age or older, a glaucoma eye
11 test every five years;

12 (3) For all persons forty years of age or older, an annual stool
13 examination for the presence of blood;

14 (4) For all persons forty-five years of age or older, a left-sided colon

15 examination of thirty-five to sixty centimeters every five years;

16 (5) For all adults, recommended immunizations; and

17 (6) For all persons twenty years of age or older, an annual
18 consultation with a health care provider to discuss applicable lifestyle
19 behaviors that promote health and well-being including, but not
20 limited to, smoking cessation, nutrition and diet, exercise plans, lower
21 back protection, weight control, immunization practices, breast self-
22 examination, testicular self-examination and seat belt use in motor
23 vehicles.

24 (b) Notwithstanding any provision of this section, if a health care
25 provider recommends that it would be medically appropriate for a
26 covered individual to receive a different schedule of tests and services
27 than those provided under subsection (a) of this section, the policy
28 shall provide coverage for the tests or services recommended and
29 performed, but may limit reimbursement to a dollar amount equal to
30 the dollar amount that would have been provided for tests and
31 services under subsection (a) of this section.

32 Sec. 2. (NEW) (a) Each group health insurance policy providing
33 coverage of the type specified in subdivisions (1), (2), (4), (11) and (12)
34 of section 38a-469 of the general statutes delivered, issued for delivery,
35 amended, renewed or continued in this state on or after October 1,
36 2001, shall provide coverage:

37 (1) For all persons twenty years of age and older, an annual test to
38 determine (A) blood hemoglobin, (B) blood pressure, (C) blood glucose
39 level, and (D) blood cholesterol level, or low-density lipoprotein level
40 and blood high-density lipoprotein level;

41 (2) For all persons thirty-five years of age or older, a glaucoma eye
42 test every five years;

43 (3) For all persons forty years of age or older, an annual stool
44 examination for the presence of blood;

45 (4) For all persons forty-five years of age or older, a left-sided colon
46 examination of thirty-five to sixty centimeters every five years;

47 (5) For all adults, recommended immunizations; and

48 (6) For all persons twenty years of age or older, an annual
49 consultation with a health care provider to discuss applicable lifestyle
50 behaviors that promote health and well-being including, but not
51 limited to, smoking cessation, nutrition and diet, exercise plans, lower
52 back protection, weight control, immunization practices, breast self-
53 examination, testicular self-examination and seat belt use in motor
54 vehicles.

55 (b) Notwithstanding any provision of this section, if a health care
56 provider recommends that it would be medically appropriate for a
57 covered individual to receive a different schedule of tests and services
58 than those provided under subsection (a) of this section, the policy
59 shall provide coverage for the tests or services recommended and
60 performed, but may limit reimbursement to a dollar amount equal to
61 the dollar amount that would have been provided for tests and
62 services under subsection (a) of this section.

63 Sec. 3. Subsection (b) of section 38a-503b of the general statutes is
64 repealed and the following is substituted in lieu thereof:

65 (b) Each carrier shall permit a female enrollee direct access to a
66 participating in-network obstetrician-gynecologist for any
67 gynecological examination or care related to pregnancy and shall allow
68 direct access to a participating in-network obstetrician-gynecologist for
69 primary and preventive obstetric and gynecologic services required as
70 a result of any gynecological examination or as a result of a
71 gynecological condition. Such obstetric and gynecologic services
72 include, but are not limited to, pap smear tests. The plan may require
73 the participating in-network obstetrician-gynecologist to discuss such
74 services and any treatment plan with the female enrollee's primary
75 care provider. Nothing in this section shall preclude access to an in-

76 network nurse-midwife as licensed pursuant to sections 20-86c and 20-
77 86g and in-network advanced practice nurses, as licensed pursuant to
78 sections 20-93 and 20-94a for obstetrical and gynecological services
79 within their scope of practice.

80 Sec. 4. Subsection (b) of section 38a-530b of the general statutes is
81 repealed and the following is substituted in lieu thereof:

82 (b) Each carrier shall permit a female enrollee direct access to a
83 participating in-network obstetrician-gynecologist for any
84 gynecological examination or care related to pregnancy and shall allow
85 direct access to a participating in-network obstetrician-gynecologist for
86 primary and preventive obstetric and gynecologic services required as
87 a result of any gynecological examination or as a result of a
88 gynecological condition. Such obstetric and gynecologic services
89 include, but are not limited to, pap smear tests. The plan may require
90 the participating in-network obstetrician-gynecologist to discuss such
91 services and any treatment plan with the female enrollee's primary
92 care provider. Nothing in this section shall preclude access to an in-
93 network nurse-midwife as licensed pursuant to sections 20-86c and 20-
94 86g and in-network advanced practice nurses, as licensed pursuant to
95 sections 20-93 and 20-94a for obstetrical and gynecological services
96 within their scope of practice.

Statement of Purpose:

To require health insurers to provide coverage for enumerated preventative tests and services.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]